

**Electronic Articles of Organization  
For  
Florida Limited Liability Company**

**L24000400199  
FILED 8:00 AM  
September 13, 2024  
Sec. Of State  
mswatts**

**Article I**

The name of the Limited Liability Company is:

PREMIER INSTITUTE OF MEDICAL CAREERS, LLC

**Article II**

The street address of the principal office of the Limited Liability Company is:

5506 ARNOLD PALMER DRIVE  
UNIT 1432  
ORLANDO, FL. US 32811

The mailing address of the Limited Liability Company is:

5506 ARNOLD PALMER DRIVE  
UNIT 1432  
ORLANDO, FL. US 32811

**Article III**

Other provisions, if any:

THE PURPOSE OF PREMIER INSTITUTE OF MEDICAL CAREERS IS TO  
PROVIDE HIGH-QUALITY EDUCATION AND TRAINING IN HEALTHCARE,  
EQUIPPING STUDENTS WITH THE SKILLS, KNOWLEDGE, AND  
PROFESSIONALISM NEEDED FOR SUCCESSFUL MEDICAL CAREERS.

**Article IV**

The name and Florida street address of the registered agent is:

DANIELLE CHRISTOPHE  
5506 ARNOLD PALMER DRIVE  
UNIT 1432  
ORLANDO, FL. 32811

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: DANIELLE CHRISTOPHE

## **Article V**

The name and address of person(s) authorized to manage LLC:

Title: CEO  
DANIELLE CHRISTOPHE  
5506 ARNOLD PALMER DRIVE, UNIT 1432  
ORLANDO, FL. 32811 US

Title: MGR  
IMSETY CHRISTOPHE  
5506 ARNOLD PALMER DRIVE, UNIT 1432  
ORLANDO, FL. 32811 US

Title: AP  
EFOE BANU  
5506 ARNOLD PALMER DRIVE, UNIT 1432  
ORLANDO, FL. 32811 US

**L24000400199**  
**FILED 8:00 AM**  
**September 13, 2024**  
**Sec. Of State**  
mswatts

## **Article VI**

The effective date for this Limited Liability Company shall be:

09/09/2024

Signature of member or an authorized representative

Electronic Signature: DANIELLE CHRISTOPHE

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.